

## Employer Request for Member Information Revised 12/1/2013

Please print or type in black ink. Refer to PERS Board Regulation 57, Release of Member Information to Participating Employers, for the governing rules. Complete sections 1 through 4, and return form to the PERS executive director. See bottom of form for contact information.

En	Employer Representative					
Fir	st Name:	MI: Last Name	MI: Last Name:			
Titl	e:	Employer Name:				
Em	nployer Mailing Address:	City:_		State:	Zip:	
Wo	ork Phone:	E-Mail:				
Int	formation Requested – Select one.					
1.	List of names and addresses on file for current or former empl	oyees				
2.	List of employees eligible to retire now or within years based on service credit or age and service					
<ol> <li>List of employees retired from the agency</li> <li>Demographic information on current or retired employees necessary for employer to provide health insurance coverage</li> </ol>						
5.	Other:					
<b>)</b> Pi	rpose of Request					
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Re We	<b>nployer Certification</b> – This section must be signed by the Enterpresentative.  Description behalf of the above-listed employer making this request quest. Further, we certify that such information will remain confidenting.	that all information provided	by PERS will be used	solely for the pu		
Em	nployer Representative Signature:		Date <i>mm/dd/ccyy</i> : _	c		
Em	nployer Head Name:	Title	e:			
Em	nployer Head Signature:		Date <i>mm/dd/ccyy</i> : _			
	PE	ERS Use Only ————				
Re	equest Decision					
		neward mm/dd/agus	Track	ing No :		
	te Received by PERS mm/dd/ccyy: Date A			.iiig NU		
Su	bject Matter:					
	Approved Request Assigned to:		Title:			
	Denied Basis for Denial:			Attach copy	of Notice of Denial.	
Pro	ocessing Individual's Signature:		Date mm/do	//ссуу:		